

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Crime & Fidelity

TOI: 26.0 Burglary & Theft

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CMI-CRS-07-F01

Filing Type: Form

SERFF Tr Num: CLBA-125219480 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025266

Co Tr Num: CMI-CRS-07-F01

State Status:

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Authors: Dennis McVay, Christina
Walker, DeeDee Williams

Disposition Date: 07-05-2007

Date Submitted: 06-28-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (Renewal): 10-01-
2007

General Information

Project Name: Revised Declarations

Project Number: CMI-CRS-07-F01

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 07-05-2007

State Status Changed: 06-28-2007

Corresponding Filing Tracking Number:

Filing Description:

Attached are revised forms CRD 150 (10-07) Crime & Fidelity Coverage Policy Declarations (Commercial Entities) and CRD 160 (10-07) Crime & Fidelity Coverage Policy Declarations (Government Entities) which we propose to use in our Commercial Crime & Fidelity Policy Program. These forms replace previously filed and approved forms CRD 150 (10-06) and CRD 160 (10-06).

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst

2102 White Gate Drive

Columbia, MO 65205

dwilliams@colinsgrp.com

(573) 474-6193 [Phone]

(800) 836-5713[FAX]

Filing Company Information

Columbia Mutual Insurance Compny

2102 White Gate Drive

P O Box 618

CoCode: 40371

Group Code: 807

State of Domicile: Missouri

Company Type: Mutual

Created by SERFF on 07-05-2007 08:46 AM

Columbia, MO 65205

Group Name: Columbia Insurance State ID Number: 03
Group

(573) 474-6193 ext. [Phone]

FEIN Number: 43-0790393

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$50.00	06-28-2007	14373274

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007

Disposition

Disposition Date: 07-05-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Crime & Fidelity Coverage Policy Declarations (Commercial Entities)	Approved	Yes
Form	Crime & Fidelity Coverage Policy Declarations (Government Entities)	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Crime & Fidelity Coverage Policy Declarations (Commercial Entities)	CRD 150	10-07	Declaration Replaced s/Schedule	CRD 150 (10-06)	0.00	CRD 150 (10-07).pdf
Approved	Crime & Fidelity Coverage Policy Declarations (Government Entities)	CRD 160	10-07	Declaration Replaced s/Schedule	CRD 160 (10-06)	0.00	CRD 160 (10-07).pdf



2102 White Gate Drive
P.O. Box 618
Columbia MO 65205
(573) 474-6193

CRIME AND FIDELITY COVERAGE

POLICY DECLARATIONS

(COMMERCIAL ENTITIES)

COLUMBIA MUTUAL INSURANCE CO

POLICY NUMBER: **CRSAR52397**

RENEWAL OF:

Named Insured and Mailing Address:

AR CRIME TEST
111 SOUTH MAIN
FORT SMITH AR 72916

Agent and Mailing Address:

Agent: 17026 -

UNITED INSURANCE AGENCY INC
2104 FIRST NATIONAL DRIVE
PO BOX 1258
HARRISON AR 72601-0159
870-741-2305

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Coverage Is Written:

☐ Primary ☐ Excess ☐ Coindemnity ☐ Concurrent

Employee Benefit Plan(s) Included As Insureds:

If any, listed in the Named Insured and Mailing Address shown above.

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$200,000	
2. Forgery Or Alteration	NOT COVERED	
3. Inside The Premises - Theft Of Money And Securities	NOT COVERED	
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property	NOT COVERED	
5. Outside The Premises	\$25,000	
6. Computer Fraud	NOT COVERED	
7. Funds Transfer Fraud	NOT COVERED	
8. Money Orders And Counterfeit Money	NOT COVERED	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Policy you give us notice cancelling prior policy Nos.

the cancellation to be effective at the time this Policy becomes effective.

POLICY NUMBER: **CRSAR52397** Named Insured and Mailing Address: AR CRIME TEST
RENEWAL OF: 111 SOUTH MAIN
FORT SMITH AR 72916

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE CRIME COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
CR0023	05/06	COMMERCIAL CRIME POLICY
CR0216	02/07	ARKANSAS CHANGES
CR2020	07/02	CALCULATION OF PREMIUM
CR2021	03/00	EXC OF CERT COMP RELATED LOSS

Cont. of Named Insured Schedule

DBA HOMESTEAD MOTEL

POLICY NUMBER: **CRSAR52397** Named Insured and Mailing Address: AR GRIME TEST
RENEWAL OF: 111 SOUTH MAIN
FORT SMITH AR 72916

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

Crime Schedule

Loc	Bld	Coverage	Limit	Deductible
001	001	OUTSIDE THE PREMISES	\$ 25,000	\$ 500



2102 White Gate Drive
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(573) 474-6193

CRIME AND FIDELITY COVERAGE

POLICY DECLARATIONS

(GOVERNMENT ENTITIES)

COLUMBIA MUTUAL INSURANCE CO

POLICY NUMBER: **CRSAR55551**

RENEWAL OF:

Named Insured and Mailing Address:
GOVT CRIME TEST AR 10-1-07
123 MAIN
MENIFEE AR 72107

Agent and Mailing Address: Agent: 17096 -
STEVE STANDRIDGE INSURANCE
134 SOUTH GEORGE STREET
P O BOX 555
MOUNT IDA AR 71957
870-867-4111

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Coverage Is Written:

___ Primary

___ Excess

___ Coindemnity

___ Concurrent

Insuring Agreements

Limit Of Insurance
Per Occurrence

Deductible Amount
Per Occurrence

1. Employee Theft - Per Loss Coverage
2. Employee Theft - Per Employee Coverage
3. Forgery Or Alteration
4. Inside The Premises - Theft Of Money And Securities
5. Inside The Premises - Robbery Or Safe Burglary Of Other Property
6. Outside The Premises
7. Computer Fraud
8. Funds Transfer Fraud
9. Money Orders And Counterfeit Money

\$250,000

\$250,000

NOT COVERED

NOT COVERED

NOT COVERED

NOT COVERED

NOT COVERED

NOT COVERED

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

If Added by Endorsement:

___ Insuring Agreement(s)

Limit Of Insurance
Per Occurrence

Deductible Amount
Per Occurrence

Cancellation Of Prior Insurance Issued By Us:

___ By acceptance of this Policy you give us notice cancelling prior policy Nos.

___ the cancellation to be effective at the time this Policy becomes effective.

POLICY NUMBER: **CRSAR55551** Named Insured and Mailing Address: GOVT CRIME TEST AR 10-1-07
RENEWAL OF: 123 MAIN
MENIFEE AR 72107

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE CRIME COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
CR0027	05/06	GOVERNMENT CRIME POLICY FORM
CR0216	02/07	ARKANSAS CHANGES
CR2020	07/02	CALCULATION OF PREMIUM
CR2021	03/00	EXC OF CERT COMP RELATED LOSS

Cont. of Named Insured Schedule

DBA HOMESTEAD MOTEL

POLICY NUMBER: **CRSAR55551** Named Insured and Mailing Address: GOVT CRIME TEST AR 10-1-07
RENEWAL OF: 123 MAIN
MENIFEE AR 72107

Policy Period: From **10/01/2007** to **10/01/2008** at 12:01 a.m. Standard Time at the mailing address shown above.

Crime Schedule

Loc	Bld	Coverage	Limit	Deductible
001	001	ROBBERY/SAFE BURGLARY-MONEY AND SECURITIES	\$ 75,000	

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	07-05-2007
Comments:			
Attachment:			
PC TD-1.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <div style="height: 300px;"></div> <p>Check #: Amount:</p>
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1